Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

DECLARATION FOR UTILIT	TY OR		111111111111111111111111111111111111111				
DESIGN	First Name	a inventor	BRIAN ROBERT HRONEK				
PATENT APPLICATIO	N	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application	Number					
Declaration Declarat	ion Filing Date						
·	ed after Initial Art Unit						
Filing (37 CFR required	(1.16 (e)) Examiner N	lame					
I hereby declare that:							
Each inventor's residence, mailing address, a	·						
I believe the inventor(s) named below to be the which a patent is sought on the invention entited.) of the subject n	natter which is claimed and for				
JIĠSAW PUZZLE INCLUDING SO	CRATCH AND SNIFF	PUZZLE PII	ECES				
the specification of which	(Title of the Invention)						
is attached hereto							
OR							
was filed on (MM/DD/YYYY)	as Uni	ted States Applic	cation Number or PCT International				
Application Number	and was amended on (MM/I		(if applicable).				
	•	· L	/				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose informat							
continuation-in-part applications, material info and the national or PCT international filing date			e filing date of the prior application				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent,							
inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign							
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date							
before that of the application on which priority is claimed.							
Prior Foreign Application Number(s) Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claim					
j							
Additional foreign application numbers an							

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (06-03)
Approved for use through 07/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or D sign Patent Application

						•	-		
Direct all correspondence to:	et all correspondence to:		3	34356		OR	Correspondence address be		oondence address below
Name									
Address					-				
City				State					ZIP
Country		Telephone	•			Fax			<u></u>
		·							
I hereby declare that all statem	ents made her	ein of my c	own know	ledge	are tru	e and f	hat all	stateme	ents made on information
and belief are believed to be	true; and fur	ther that the	hese stat	ement	s were	made	with	the kno	wledge that willful false
statements and the like so mad	de are punishat	ble by fine (or impriso	onment	, or bo	oth, unc	ler 18		
false statements may jeopardiz	e the validity of	the applica	ation or ar	y pate	nt issu	ed ther	eon.		
NAME OF SOLE OR FIRST IN	VENTOR:		ПАр	etition	has be	en filed	for thi	s unsign	ed inventor
Given Name					TF	amily N	Jame		
(first and middle [if any])	BERT				or Surname HRONEK				
Inventor's 20 //									Date
Signature /									10/20/03
									, ,
Residence: City	State			Coun	try			Citizen	nship
GREENWOOD	IN		i	USA				USA	
Mailing Address									
1002 ASTORIA COURT									
City	Chaha			 1	710				A
City	State				ZIP				Country
GREENWOOD	IN			igspace	46143				USA
NAME OF SECOND INVENTO	R:				A pe	etition h	nas bee	n filed fo	or this unsigned inventor
Given Name	,				Fa	mily N	ame		
(first and middle [if any])					or	Surnar	me		
Inventor's		<u> </u>						T	Date
Signature									
Residence: City	State			Coun	try			Citizen	ship
	l								
Mailing Address			<u>.</u>			*****		<u> </u>	
· ·									
City	State			$\overline{}$	ZIP			Countr	
	Jiale	,			~ 11			Counti	y
	1								
		<u> </u>							
Additional inventors or a legal rep	presentative are bei	ng named on t	thes	uppleme	ntal she	et(s) PTC)/SB/02A	or 02LR a	attached hereto.

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	ATTRACTOR OFFICE ACTION OF THE PROPERTY OF THE
Filing Date	
First Named Inventor	BRIAN ROBERT HRONEK
Title	JIGSAW PUZZLE INCLUDING
Art Unit	
Examiner Name	
Attorney Docket Number	INY134

I harabu an	!				
l hereby ap	point:		W-1		
✓ Prac	titioners associated v	with the Customer Number:	34356		
OR		L			
Prac	titioner(s) named bel	low:			
		Name		Registration	Number
			l		
				<u></u>	
as my/our a Trademark	attorney(s) or agent(s Office connected the	s) to prosecute the application identiferewith.	fied above, and to trans	sact all business	in the United States Patent and
Please reco	ognize or change the	correspondence address for the ab	ove-identified application	on to:	
- "	ne address associate	ed with the above-mentioned Custon	ner Number:		
OR					
l□ _					
L_J T	he address associate	ed with Customer Number:			
OR		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	Firm or Individual Name				
Addr		<u> </u>	***		
Addr	ess	-		. <u></u>	
City			State		Zip
Cour	ntry				
Tele	phone		Fax		
I am the:	···				
<mark>✓</mark> Ap	oplicant/Inventor.				
As	ssianee of record of t	he entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name	BRIAN ROBERT H	RONEK			
Signature 1817 4					
Date	10/2010	3		Telephone	317-883-1237
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
✓ *Tota	al of ONE f	forms are submitted.			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.